CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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A PUBLIC DOCUMENT

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1. Office, Agency, or Court	<u>Latherne</u>
Agency Name (Do not use acronyms)	The first state of the state of
Division, Board, Department, District, Papplicable	Your Position
Dept. of Conservation Division of Oil, Gas+	Geothermal - Energy + Mineral Resources Enginee
▶ If filling for multiple positions, list below or on an attachment. (Do	-,
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
X State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County Madera County + all North	County of
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/
-or- The period covered is/, th	· · · · · · · · · · · · · · · · · · ·
December 31, 2018.	-or-
Assuming Office: Date assumed	 The period covered is/, through the date of leaving office.
Candidate: Date of Election and office	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total no	umber of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	☐ Schedule C - Income, Loans, & Business Positions - schedule attr
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule
-or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE
CALILLIA I MORAR C	cramento CA
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916) 322-1110 I have used all reasonable diligence in preparing this statement. I ha	mary, bo Homsecr
herein and in any attached schedules is true and complete. I ackno	
I certify under penalty of perjury under the laws of the State of	California that the foregoing is true
Date Signed 3-28-2019	many many
Date Signed 5 - 20 9 (month, day, year)	Signature